

CITY OF ROCKLAND, MAINE

370 Pleasant Street
Rockland, Maine 04841
(207) 594-0304 Office
(207) 594-9481 Fax

**RESIDENT & NON-RESIDENT PROPERTY OWNER
PARKING PERMIT APPLICATION**

Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address (if different): _____

Phone # (home): _____ Phone # (cell): _____

Email Address: _____ Driver's License # _____ State _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____ Style: _____

Registration Plate #: _____ Parking Lot: _____

Fee:	Thorncliffe Parking Lot	\$25.00/calendar year
	Winter Street Parking Lot	\$20.00/calendar year

The applicant hereby agrees to conform with the provisions of the Ordinances of the City of Rockland and the permit parking policy relating to permit parking and such reasonable rules and regulations as may hereafter be adopted.

Signature of Applicant: _____ Date: _____